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AUTHOR Chubon, Sandra J.; Emihovich, Catherine
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ABSTRACT

The literature on socialization of nursing students for professional commitment is reviewed, along with the literature on nursing as a female profession. Concerns addressed by the literature include the following: students' self-images over the course of their nursing education, nursing leadership, the conventional orientation of many young nursing students (i.e., traditional feminine life goals), and the less than full professional status of the nurse. Based on the review, implications for nursing education are considered. It is suggested that within the educational program, nursing students need: experiences in setting their own goals and being responsible for meeting them, faculty role models who show and discuss the combination of home and career roles, and democratic models of shared decision making. They need experiences in collegiality, assertiveness, and leadership, as well as opportunities to discuss changing sex roles and the consequent stresses and rewards. Many writers emphasize that nursing's educational programs are not providing students with the learning experiences required to ensure career commitment. Faculty need consciousness raising to alert them to the effects of their own socialization and the ways in which they influence students. (SW)

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Socialization of Nursing Students
for Professional Commitment:
The Patriarchal Effect

by

Sandra J. Chubon
&
Catherine Emihovich

University of South Carolina, Columbia

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Introduction

This paper developed out of a project undertaken during an introductory course in the ethnography of education. Over the course of a semester, the first author observed senior nursing students participating in a weekly seminar on issues and trends affecting the nursing profession. Two observations seemed particularly significant. First, the students verbalized many negative feelings about the class. They said the seminars were boring and a waste of their time. The students conducted the seminars with the alleged purpose of discussing issues. However, they demonstrated a variety of ways of avoiding any significant discussion.

The second observation was that, although nursing is overwhelmingly a female profession and all the students in this seminar were female, feminist concerns and issues were virtually never mentioned during the semester.

Aware that nurses, as a group, are politically inactive and indifferent about many issues of importance to them, the observer was struck by the students' disinterest in professional issues. Was this something they learned in their educational program? Does the nursing school's curriculum or its teaching methodologies encourage or foster this student indifference? Are there characteristics of students and/or faculty which contribute to this socialization outcome? In what ways do faculty function as role models for students learning about professional issues? Of what significance is the fact that the profession is overwhelmingly female? How does that affect professional

socialization?

In an attempt to answer these questions, a literature review was conducted on the socialization of nursing students for professional commitment. The term professional commitment is used as it was described by Coser and Rokoff (1971). They distinguished between commitment to one's work, as demonstrated by a craftsman who shows pride in his/her work, and commitment to other persons engaged in the same work, which they considered the hallmark of a professional. The professional is committed to his/her colleagues, shares common values with them, and is concerned about issues which affect their joint welfare.

Review of Studies

Numerous studies have been published on the socialization of nursing students. Most are cross-sectional studies in which the attitudes and/or values of a convenience sample of students are assessed using instruments with limited reliability and validity. Studies of this type which assess respondents at a single point in time to determine their degree of socialization ignore the process of socialization which is perhaps of greatest interest to the ethnographer. Many writers seem to view socialization as a fait accompli at the completion of the first educational program rather than viewing the student's education as the first stage of a career-long developmental process (Conway, 1984).

There have been a few longitudinal, qualitative studies of nursing students. Most noteworthy is the study done by Davis, Olesen, and Whittaker at the University of California in San

Francisco in the early 1960s. They followed a class of students through their educational program using observational field work, a longitudinal questionnaire survey, and panel depth interviews (Davis, 1968; Olesen & Whittaker, 1968). Davis (1968) described a process of doctrinal conversion which he identified as the most crucial and problematic dimension in becoming a professional. Doctrinal conversion is a social psychological process whereby students give up their lay views and imagery of the profession and assume those the profession ascribes to itself. Students entering the program envisioned caring for sick people and performing nursing skills and procedures to make patients comfortable and well. They believed that when they could demonstrate proficiency at skills and procedures, patients would recognize their caring and accord them emotional gratifications. The professional imagery espoused by the school included providing nursing interventions for patients during all phases of their illness, not just during hospitalization. The patients' attitude toward illness, their health practices, and their environment all were legitimate objects for nursing interventions. Students were expected to view themselves as a purposeful instrument in the therapeutic process. Mastery of technical skills and procedures was considered less important than learning the principles upon which skills were based.

Davis described the students' experience of cognitive dissonance when they realized there was a large discrepancy between their initial expectations and those of the faculty. This discrepancy was most explicitly spelled out in their first

clinical evaluations. The students began "psyching out" (the students' term) instructors to determine what was expected of them and how best to go about satisfying those expectations. They carefully noted, during their everyday interactions with faculty, when the instructor brightened and when she perfunctorily passed by one student's recitation to linger over that of another. These students then fashioned performances to satisfy the instructor. These role simulations caused some discomfort for the students and they joked among themselves about "putting on a front" for instructors. Davis said the paradoxical thing about this kind of role simulation is that the more successful the actor is at it, the less s/he feels s/he is simulating, and the more s/he becomes convinced that his/her performances are authentic. During the three-year program the students' self-images became firmly those of professional nurses of that school's doctrinal persuasion. Nonetheless, some aspects of their initial concept of nursing were not changed during the educational program.

The theme of nursing leadership was emphasized by the faculty of this avant-garde school (Olesen & Whittaker, 1968). Initially, the idea of becoming a nursing leader was quite foreign to the students; it was not part of their lay image of nursing. The faculty stressed the idea of becoming nursing leaders in talks with students and in courses on group dynamics, advanced nursing, and the ecology of the professions. In the latter course the history of the national nursing organizations, the place of future leaders, professional issues, etc. were

reviewed.

Students complained about the ecology course. The faculty of the course attempted to make the students feel a responsibility for assuming an active part in influencing the direction of the profession. The students reacted negatively and were only interested in their own immediate concerns; they saw marriage and a family in their futures, not a career.

Professional education occurs as the student makes the transition from adolescence to adulthood. These young women maintained long-cherished conventional goals for marriage, home, and children. When they were confronted by the faculty with larger issues which concerned the nursing profession, these students took the attitude that those were matters which lay outside their potential to influence or control, problems which would somehow right themselves or, if they failed to, would hardly affect their scheme of personal life relevancies (Davis, Olesen, & Whittaker, 1966).

Faculty, perhaps sensing they waged a losing battle, did not closely examine the students' outlook or the cultural forces underlying their reality. Some seemed resigned to the students' indifference. Most assumed that exhortation was enough, that if the problems of the profession were set forth plainly, students would somehow accept them as their own and adjust their life plans accordingly. The researchers said the faculty did not seem to take fully into account how much the reformistic professional posture which it sought to inculcate in students departed from the latter's present-lived concerns and involvements. Hardly any

sustained thought was given to ways of modifying the program's approach in order to elicit from the students more professionally consonant versions of reality (Davis, Olesen, & Whittaker, 1966).

The researchers go on to say that leadership in a profession would seem, at minimum, to imply persons who are strongly identified with and committed to the field, interested in developing long-term careers for themselves in it, and prepared to make major life adjustments in behalf of it. On these grounds, their findings raise serious doubts about whether collegiate schools succeed in instilling a professional leadership orientation in students - even though the school they studied made a valiant effort to do so. The overall picture emerging from their data is that the students were conventionally oriented young women, much more heavily invested in traditional feminine life goals than in career pursuits and reluctant to make more than incidental concessions toward professional involvement. In nearly every respect, this essentially conservative outlook held firm throughout the students' nursing education. The researchers concluded that the solution to the career-commitment problem in nursing resides much more with American culture at large, particularly with the mores governing adult sex roles, than it does with the profession as such. Nursing is not just a feminine profession, but the most feminine of all. The problem of generating professional career commitments in collegiate students hinges mainly on the larger issues of cultural change in the status and life style of married women in our society (Davis, Olesen, & Whittaker, 1966).

Another longitudinal study of baccalaureate nursing students, carried out at Duke University from 1959 to 1965, followed successive cohorts through their education and into their first year of practice (Simpson, Back, Ingles, Kerckhoff, & McKinney, 1979). Data was collected via questionnaires filled out annually by the students, interviews with students, diaries kept by one class of students, and faculty questionnaires.

The primary objective of this faculty was to encourage individualized patient care. The ability to relate to the patient was a critical component of such care. Because the students entered with an orientation similar to that desired by faculty, little redirection was necessary and the faculty could concentrate on teaching the skills that would enable the students to translate their values into performance. However, the faculty's method of teaching unintentionally encouraged bureaucratic orientations, i.e., students were to talk to patients and build rapport after tasks were completed. (In contrast, the California students had been assigned to talk with patients before they were taught to do any tasks or procedures.) The faculty's approach, coupled with the status system of the hospital which was much more bureaucratic than professional, resulted in students' learning the bureaucratic view and probably decreased their attraction to nursing as a profession. The students' attraction to nursing, as it was measured in this study, decreased each year.

The Duke program gave little attention to matters related to the profession as a collectivity. There was one course in the

senior year which pertained directly to nursing as an occupational group. Simpson et al. say that learning role definitions and skills enables students to perform a role but is not sufficient to socialize students so that they identify with the occupation and are attracted and committed to it. Full socialization includes relating the self to the occupation so that it endures in the person.

In responding to questionnaires, the Duke students indicated a high evaluation of professional activities such as keeping up with current nursing research and, to a lesser extent, contributing to professional meetings and conferences. The researchers said these favorably endorsed professional activities may have been interpreted as getting together in a sociable way with other nurses to talk about nursing experiences rather than the solitary intellectual effort involved in research, writing professional articles, or teaching colleagues. Simpson et al. noted a massive erosion of relatedness to nursing occurring among the alumnae of the program. "These women virtually all looked to marriage and family life as their primary source of gratification" (p. 150).

Bucher and Stelling (1977) conducted a longitudinal study of the socialization of graduate students in biochemistry and residents in internal medicine and psychiatry. Like the nursing students these trainees were active in managing their own socialization. The researchers reported on the use of role models by the graduate students. Bucher and Stelling anticipated that the students would pick someone as a model and attempt to

replicate that model in themselves. The data indicated that such a modeling process is extremely rare. Instead, the trainees selected particular characteristics or traits which they admired and sought to emulate. They selected specific attributes from several different individuals rather than choosing someone as a global model. The students also described negative models, individuals who demonstrated traits the students did not want to develop. Stage models were more advanced trainees or young practitioners from whom these students learned what to expect at a later stage of their development. Stage models often provided information and advice on how to negotiate problems yet to be encountered. Option models were individuals who pursued alternative or deviant career patterns, different from those of most faculty and staff. For example, a female psychiatry resident actively sought out a female psychiatrist as a model of ways to manage being a psychiatrist, wife, and mother simultaneously. Option models were chosen by both men and women; such models were more likely to be women.

Faculty in professional training programs devote a considerable amount of time and energy to the evaluation of their students (Bucher & Stelling, 1977). Relatively little attention is given to the way students perceive and use evaluation, or to how the students evaluate themselves. The researchers in this study found that these students developed numerous rationales to discount negative evaluations or feedback from their supervisors. They discredited or disparaged the source of the feedback; they argued that the criticism focused on irrelevant or unimportant

issues; they discounted criticism as reflecting a difference in style or philosophy, etc. Light (1979) believes that trainees discount criticism as a mechanism to cope with the uncertainties of professional practice: gray areas where present knowledge is insufficient and occasions when practitioners must make decisions without full knowledge of the case or the client.

Nursing as a Female Profession

Yeaworth wrote (1978) that the most fundamental problems in nursing are, first, that it is a woman's occupation and, second, that the majority of nurses do not perceive this as a problem at all. She says women in the United States may be educated for occupations or even careers, but they are still effectively socialized to be wives and mothers.

Ashley (1976) documented the subordination, oppression, and exploitation of nurses by physicians and hospital administrators in this country. She said that the role of nursing in the health field is the epitome of women's role in American society. The nurse is not accorded full professional status or the opportunity to obtain it. Rather, she is viewed as a working female who is not expected to make a life-long commitment to her career.

Many vital decisions affecting nursing are still made by men in medicine and government (Davis, 1977). Roberts (1983) believes that the style of leadership which has developed within the nursing profession is a result of nursing's status as an oppressed group. Members of an oppressed group, unable to express their anger against their oppressors, vent their aggression against other members of their own group. There is

much self-hatred and low self-esteem within the oppressed group which contributes to submission to powerful oppressors. Leaders of powerless groups often take on characteristics and beliefs that resemble those of the dominant culture; they are often controlling, coercive, and rigid. Roberts says nursing leaders have represented an elite group who have been promoted because of their allegiance to maintenance of the status quo. Grissum and Spengler (1976) say, "Because of the rewards they receive, they do not feel animosity toward the system or the men in the system. They reject the ideas of current feminist thinking and blame women themselves for their status as second class citizens" (p. 103). To break out of the cycle of oppression requires awareness and understanding of the mechanisms of oppression followed by the development of pride in one's own group with a sense of ability to function autonomously (Roberts, 1983).

Most nurses have not been actively involved in the women's movement. Leading feminists have generally not been supportive of the nursing profession (Crane, Byer, Coughlin, & Sofranko, 1981). In many instances feminists vocally opposed the profession. Many feminist groups have viewed nursing as the ultimate expression of the denigration of women. They have said that women interested in health care should become physicians in order to gain influence, power, and status because nursing is not a challenging occupation.

Weiss and Remen (1983) report a study in which physicians, nurses, and consumers were brought together in groups of 18 (6 from each category) for 2 1/2 hours of dialogue once a month for

20 months. The purpose of the dialogue was to determine whether the participants could develop a model for more effective allocation of responsibility in health care relationships. Six of the 24 nurses participating in the project were educators, 6 were administrators and 12 were practitioners. Two of the nurses held doctorates and 5 had master's degrees. Over the 20 month period, the dialogue among the nurses, consumers, and physicians was predominantly a dyadic interchange between the consumers and the physicians. Of 1585 interactions, only 342 actually involved nurses. In the majority of these interactions, the nurses functioned as clarifiers or facilitators rather than making active and unique contributions. The nurses could not identify unique skills and responsibilities of their profession; rather, when the physicians stated one of their professional responsibilities, the nurses said, "Nurses do that, too" (p. 83). The nurses' statements of their professional opinions were expressed as personal feelings, as if it was not acceptable for them to have professional opinions. The nurses turned to the physicians for direction and guidance during the discussions. They were silent and nonparticipative in decision-making situations. These nurses uniformly described their experience of powerlessness in health care and they uniformly requested that physicians remedy the situation by becoming less assertive and less influential. These patterns of behavior were most pronounced during the last eight months of the dialogue sessions. Weiss and Remen say their data suggest that traditional, prescribed role behaviors have been internalized by nurses, with

consistent performance and reinforcement of these behaviors preventing any real formation of more progressive attitudes.

Hodges (1981), in her doctoral dissertation, hypothesizes that nursing curricula, past and present, formal and hidden, have played a role in socializing nurses to accept their current position in the patriarchal health care system. Nursing curricula have also had an impact on the problems of establishing nursing's identity as a discipline and its development of professionalism.

Hodges surveyed current nursing curriculum models and found that they all clearly reflect the impact of the Tyler rationale. She criticizes the major assumptions underlying Tyler's educational model. For instance, according to Tyler, the establishment of the program objectives is the most crucial and first step in the curriculum development process because all else flows from the objectives. This indicates that the skills and knowledge to be learned are predetermined in advance of the learning experience by the teacher or some other authority. Furthermore, Tyler says that the learning experiences are to be selected and arranged to produce the behavior in the student as stated in the program objectives. This places the curriculum developer in control of the students' learning experience. This kind of educational approach hinders critical thinking and creativity. It promotes relationships of dominance and subordination.

Nursing faculty impose the curriculum on the students, leading to a sense of powerlessness and self devaluation which

leads to passive conforming behavior. This further compounds negative feminine traits resulting from traditional feminine socialization and contributes to the shaping of nursing's identity by more powerful groups (Hodges, 1981).

Hodges' concerns are echoed by Strauss (1966) who says that because teachers tightly control their courses, students tend to learn by rote, as if knowledge were well established for all time.

Kalish and Kalish (1977) point out that faculty members often add to physician dominance in subtle ways. Overly questioning and rebellious students have often been labeled as troublemakers and dismissed from nursing schools. Fear of physician criticism is instilled in students, sometimes unknowingly, by faculty who have been unable to analyze the effects of their own earlier education.

The personal characteristics of students entering nursing have changed in the last decade. More women currently entering nursing are committed to the idea of a career (Kelly, 1978; Willman, 1976). Levenson (1977) reported a study of the work values and career orientations of 681 baccalaureate nursing students in New York City. She found that 64% of the students valued career and marriage equally; 24% valued career more than marriage, and only 11% valued marriage over career.

More nursing students are older women who already hold degrees in other fields that have not helped them in the job market (Willman, 1976). This may prove very beneficial to the process of professional socialization. Steinem (1983) maintains

that women do not begin to challenge the politics of their own lives until they have experienced the life events that are most radicalizing for women: entering the paid-labor force and discovering how women are treated there; marrying and finding out that it is not yet an equal partnership; having children and discovering who is responsible for them and who is not. Older women who have had these experiences and then enter college may have a marked effect in radicalizing their much younger classmates.

Although many writers express opinions about nursing faculty, few empirical studies of their characteristics are reported. Baker (1981) reports a nationwide survey of 375 academic middle managers. She found low levels of commitment to and leadership in professional organizations in this group of faculty members.

Bauder (1982) studied 10 schools of nursing and found faculty members carrying extremely heavy workloads in response to many external pressures. She described the organization model of these schools as a "traditional family model" (p. 36). This model assumes that management knows what is best for all parties and will look out for both the needs of the organization and the workers. This results in administrative decisions being made without significant faculty input. Faculty members experience much dissatisfaction about workloads, power, and trust. They tend to analyze their problems from a psychological framework rather than from a sociological or organizational approach. Periodically the frustrations erupt into a crisis. Faculty do

not recognize the need to organize, debate, and resolve these collective problems. Bauder says the ways in which nursing schools deal with these issues are determined, to a large extent, by their being predominantly female organizations that are part of larger, male organizations.

Implications for Nursing Education and Research

A profession cannot succeed without professionals. Young women being socialized into nursing will, in all likelihood, be engaged in a dual career. Success in balancing career and family responsibilities is more likely if the spouse supports the career goals (Cleland, Bass, McHugh, & Montano, 1976). An important precursor to obtaining support for her career is the female's sincere desire for a long-term career. This, in turn, depends on her ability to free herself from the rigid female sex role stereotype of our society.

Within the educational program, nursing students need experiences in setting their own goals and being responsible for meeting them, faculty role models who show and discuss the combination of home and career roles, and democratic models of shared decision making (Dean, 1982). They need experiences in collegiality, assertiveness, and leadership. They need opportunities to discuss changing sex roles and the consequent stresses and rewards.

Many writers emphasize that nursing's educational programs are not providing students with the learning experiences required to ensure career commitment (Dean, 1982; Flanagan, 1982; Lowery-Palmer, 1982; Mauksch, 1972). Many faculty are not aware

of the discrimination inherent in nursing (Davis, 1977). They need consciousness raising to alert them to the effects of their own socialization and the ways in which they influence students.

In view of the current economic situation, it seems highly unlikely that funds will be available for longitudinal studies of nursing education. Ethnographic research methods could effectively be used to study smaller pieces of the socialization process (Lutz & Ramsey, 1974). Studies could be done to answer questions like: How overt are the faculty about the need for professionalism? What student behaviors are considered "professional"? Does the faculty exhibit them? Are independent, achievement-oriented behaviors recognized and rewarded, or are they squelched? Are students allowed to take risks and to fail in order to learn? (Dean, 1982) What is the socialization experience of older students with greater experience in living? How do they affect the socialization of their younger classmates?

Ethnographers could look at classroom and clinical teaching methods to determine whether faculty encourage problem solving or memorization of facts. Studies could be done to determine how nursing students use role models and whether and how they discount negative evaluations.

Ethnography elicits meaningful input from participants in the educational process and offers the researcher unique insights into the actual outcomes of instructional and socialization processes. Feedback of the research findings to faculty could lead to enhancement of positive behaviors and amelioration of less useful approaches.

References

- Ashley, J. A. (1976). Hospitals, Paternalism, and the Role of the Nurse. New York: Teachers College Press.
- Baker, C. M. (1981). Leadership behaviors of academic middle managers in nursing. In S. Ketefian (Ed.), Perspectives on Nursing Leadership: Issues and Research (pp. 11-24). New York: Teachers College Press.
- Bauder, L. (1982). Discontent and crisis at schools of nursing: The consequences of unmet human needs. Western Journal of Nursing Research, 4, 35-48.
- Bucher, R., & Stelling, J. G. (1977). Becoming Professional. Beverly Hills: Sage.
- Cleland, V., Bass, A. R., McHugh, N., & Montano, J. (1976). Social and psychologic influences on employment of married nurses. Nursing Research, 25, 90-97.
- Conway, M. E. (1984). Socialization and roles in nursing. In H. H. Werley, & J. J. Fitzpatrick (Eds.), Annual Review of Nursing Research: Vol. 1. 1983 (pp. 183-208). New York: Springer.
- Coser, R. L., & Rokoff, G. (1971). Women in the occupational world: Social disruption and conflict. Social Problems, 18, 535-554.
- Crane, M., Byer, L., Coughlin, M., & Sofranko, M. (1981). Should nursing support the ERA? In J. C. McCloskey & H. K. Grace (Eds.), Current Issues in Nursing (pp. 576-586). Boston: Blackwell Scientific Publications.
- Davis, A. J. (1977). A body of nursing knowledge alone is not

the solution. In M. V. Batey (Ed.), Communicating Nursing Research: Vol. 8. Nursing Research Priorities: Choice or Chance (pp. 149-153). Boulder, CO: Western Interstate Commission for Higher Education.

Davis, F. (1968). Professional socialization as subjective experience: the process of doctrinal conversion among student nurses. In H. S. Becker, B. Geer, D. Riesman, & R. S. Weiss (Eds.), Institutions and the Person: Papers Presented to Everett C. Hughes (pp. 235-251). Chicago: Aldine.

Davis, F., Olesen, V. L., & Whittaker, E. W. (1966). Problems and issues in collegiate nursing education. In F. Davis (Ed.), The Nursing Profession: Five Sociological Essays (pp. 138-175). New York: Wiley.

Dean, P. G. (1982). Go ahead, I'm behind you. . . way behind you. In J. Muff (Ed.), Socialization, Sexism, and Stereotyping: Women's Issues in Nursing (pp. 321-336). St. Louis: Mosby.

Flanagan, M. K. (1982). An analysis of nursing as a career choice. In J. Muff (Ed.), Socialization, Sexism, and Stereotyping: Women's Issues in Nursing (pp. 169-177). St. Louis: Mosby.

Grissum, M. & Spengler, C. (1976). Womanpower and Health Care. Boston: Little, Brown.

Hodges, L. C. (1981). Patriarchy and Nursing Education: Analysis and Model. Unpublished doctoral dissertation, University of North Carolina, Greensboro.

Kalish, B. J., & Kalish, P. A. (1977). An analysis of the

- sources of physician-nurse conflict. The Journal of Nursing Administration, 7, 51-57.
- Kelly, L. S. (1978). External constraints on nursing education. In J. A. Williamson (Ed.), Current Perspectives in Nursing Education: The Changing Scene (Vol. 2, pp. 9-19). St. Louis: Mosby.
- Levenson, I. M. (1977). Work values and career orientation of baccalaureate nursing students (Doctoral dissertation, Columbia University Teachers College, 1977). Dissertation Abstracts International, 38, 1893A.
- Light, D. (1979). Uncertainty and control in professional training. Journal of Health and Social Behavior, 20, 310-322.
- Lowery-Palmer, A. (1982). The cultural basis of political behavior in two groups: Nurses and political activists. In J. Muff (Ed.), Socialization, Sexism, and Stereotyping: Women's Issues in Nursing (pp. 189-202). St. Louis: Mosby.
- Lutz, F. W., & Ramsey, M. A. (1974). The use of anthropological field methods in education. Educational Researcher, 3(10), 5-9.
- Mauksch, I. G. (1972). Let's listen to the students. Nursing Outlook, 20, 103-107.
- Olesen, V., & Whittaker, E. W. (1966). Adjudication of student awareness in professional socialization: the language of laughter and silences. Sociological Quarterly, 7, 381-396.

- Olesen, V. L., & Whittaker, E. W. (1968). The Silent Dialogue. San Francisco: Jossey-Bass.
- Roberts, S. J. (1983). Oppressed group behavior: Implications for nursing. Advances in Nursing Science, 5, 21-30.
- Simpson, I. H., Back, K. W., Ingles, T., Kerckhoff, A. C., & McKinney, J. C. (1979). From Student to Nurse: A Longitudinal Study of Socialization. Cambridge: Cambridge University Press.
- Steinem, G. (1983). Outrageous Acts and Everyday Rebellions. New York: Holt, Rinehart & Winston.
- Strauss, A. (1966). The structure and ideology of American nursing: an interpretation. In F. Davis (Ed.). The Nursing Profession: Five Sociological Essays (p. 60-108). New York: Wiley.
- Weiss, S., & Remen, N. (1983). Self-limiting patterns of nursing behavior within a tripartite context involving consumers and physicians. Western Journal of Nursing Research, 5, 77-89.
- Willman, M. D. (1976). Changes in nursing students. In J. A. Williamson (Ed.). Current Perspectives in Nursing Education: The Changing Scene (Vol. 1, pp. 74-79). St. Louis: Mosby.
- Yeaworth, R. C. (1978). Feminism and the nursing profession. In N. L. Chaska (Ed.). The Nursing Profession: Views through the Mist (pp. 71-77). New York: McGraw-Hill.